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			6.5			
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	Na disease de la companya de la comp	je sa ji 🎾 je sa je sa sa je		*		
	,		ARIZONA STATE DER	ARTMENT OF HEALTH	***	
	•			ITAL STATISTICS 155	STATE FILE NO.	
				, ~	•	CARO
			CERTIFICAT	E OF DEATH		
<del></del>	BIRTH NO.				REGISTRAR'S NO.	10
ح ک	1. PLACE OF DEATH	_		1 2. USUAL RESIDENCE	WHERE DECEASED LIVED.	
F DEATH	A. COUNTY	alexans.	17-	A. STATE	E INSTITUTION: RESIDENCE	E BEFOTE ADMISSIONI.
3	B. CITY HE OUTSIDE	CORPORATE LIMITS, WRITE	267		<b>5</b> 1.	Malana
ŊĎ	OR ~ 5	WRAL)	C. LENGTH OF STAY	OR OF STREET	PORATE LIMITS, WRITE	RURAL,
ESIDENCE	TOWN Dall	ord, 913 Cent	teal town war	TOWN S	de Cres	2
ESIDENCE	D. FULL NAME OF	IF NOT IN HOSPITAL OR IN	STITUTION, CAVE STREET	D. STREET	LIF RURAL	GIVE LOCATION
	HOSPITAL OR INSTITUTION	ADDRESS OR LOCATION:		ADDRESS		LOCATION !
	<u> </u>					<u></u>
)	3. NAME OF A. DECEASED	(FIRST) B.	(MIDDLE) C.	(LAST)	4. SEX	5. COLOR DR RACE
,		ARAN	FLIZABPTH	LAVTON	FIII	1 <i>1N</i>
- 1			· · · · · · · · · · · · · · · · · · ·		24 115	1 00,
	NEVER_MARRIED	MONTH DAY YEAR	YEARS   MONTHS   DAYS	IF UNDER 24 HOURS	9A. USUAL OCCUPATION ( DURING MOST OF LIFE	
ENT j	WIDOWED DIVORCED	self 20 1887	62 2 28		House	
DNAL	9B. KIND OF BUSI.		II. CITIZEN OF WHAT	12. WAS DECEASED EVER IN	U. S. ARMED FORCES?	13. SOCIAL SECURITY
	NESS OR INDUSTRY	OR FOREIGN COUNTRY	COUNTRY?	IYES, NO. OR UNKNOWN! [IF YES		NO.
TA /62	Housewife	Carlmana	10 Mi 2	<u> </u>		
/	A. FATHER'S NAME		148. BIRTHPLACE	15A, MOTHER'S MAIDEN	NAME	15B BIRTHPLACE
Ч	Lolene	Marina	1. 1	7		LELAN
1110	16. THEORMANT'S SIGN	NATURE	ADDRESS	Jaran ce	m ru	
V 49	W		8 11 11	17. DATE	(MONTH) (DA	YI YEAR)
	- + //com	er Colomas	my long, us	DEATH ALL	c. /8	
- 16X	18. CAUSE OF DEATH		V MEDICAL CER	TIFICATION , ,	·_	INTERVAL BETWEEN
152.	PER LINE FOR (A), (b).	I. DISEASE OR CONDITI		ermone del	a disela	ONSET AND DEATH
USE1	(C).	DIRECTLY LEADING TO	DEATH+ (a)	acree 1700	- acces	Carrier & Ma
F	THIS DOES NOT MEAN	ANTECEDENT CAUSES		Ø) 📥 🗸 .		
r	THE MODE OF BYING. SUCH AS HEART FAIL-	MORBID CONDITIONS, IF AN	NY. GIVING DUE TO (b)	sees porose	- mild	i
TH 🗡	DRE. ASTHENIA. ETC.	RISE TO THE ABOVE CAUSE	(R) STAT.	/	,	
O	IT MEANS THE DISEASE INJURY. OR COMPLICA-	ING THE UNDERLYING CAU	SE LAST.	X. Let.	me o e	
(18)	TION WHICH CAUSED		DUE TO (C)	vacus,	/cca	
$\langle t \rangle$	j DEATH	II. OTHER SIGNIFICANT				2
	PLACE DISEASE CON TRACTED.		TO THE DEATH BUT NOT OR CONDITION CAUSING D	FATH		
TIONS)	19A. DATE OF OPERAT		•			20. AUTOPSY?
		UG Parcenon	na wirdower le	es duces, janos	eers, and	ZO. ROTOFST!
<b>PSY</b>	6. Dec 19	7 / 000			wer.	YES NO THE
тн Х І	21A. ACCIDENT	(SPECIFY)	218, PLACE OF INJURY		21C. ICITY OR TOWN)	(COUNTY) (STATE)
то 📉	SUICIDE HOMICIDE	Į.	FARM, FACTORY, STRE	EET, OFFICE BLOG., ETC.)		
INAL - N	21D. TIME (MONTH)	I WELD WOULD I	ar in viny occupated	THE HOW BUB IN HIS O	CCUE	
, ,	OF	· ·	WHILE AT NOT WHILE	21F. HOW DID INJURY O	CCUR!	2
:NCE-	YAULMI	м (-	WORK AT WORK			
	00 1 11505		£=15.	49 10/8 Dec	, 1/4	<del></del> -
CAL	22. I HEREBY CERTIFY	THAT I ATTENDED THE DEC	EASED FROM	TROM THE CAUSES AND ON		ST SAW THE DECEASED
ONER'S	ALIVE ON 17 Dec	19 7. AND THAT D	EATH OCCURRED AT	FROM THE CAUSES AND ON	THE DATE STATED ABOVE	<u> </u>
CATION	23A. SIGNATURE	7X // //	E OR TITLE	23B. DORESS	0/11	23C. DATE SIGNED
	C JUG	megh,	/Wil	Do The	of was	19201909
	244 BUBIA 184	24B. DATE	24C, NAME OF CEMETER	RY OR CREMATORY	24D. LOCATION GITY, TO	DWN. OR COUNTY   (STATE)
RAL	24A. BURIAL 😘			- Si Gillarioni	- / A	OWN. OR COUNTY! (STATE)
JOK (/	REMOVAL [	Leve 20-1949	Thatcher	Cometeru	Thatcher	cerez
iD .	25A, DATE REC'D BY	25B. REGISTRAR'S SIGN		26. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS
rrar _	LOCAL REG.		~	a Mr. P. Ramon	ne Salland	· aris
7	Allamies	~ /- m. 1>	THE THE	EMBALMER'S SIGNAT	URE	CERT NO.
	10.11.15	MION	mone	11/2/7		
	00/19 X	NO		Wie. Ran	rance 11	166,
	-///	- Comment	The second	3		
	1	FORM VS 2 #EV. 4-49 1#M	Of Control			

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